

DEPARTMENT OF MOTOR VEHICLES

REGISTRATION OPERATIONS DIVISION

P.O. BOX 825393

SACRAMENTO, CA 94232-5393



BUSINESS PARTNER AUTOMATION PROGRAM AUDIT SELF CERTIFICATION

Date :

To : Program Administrator, Business Partner Automation Program
Department of Motor Vehicles, Registration Operations Division

From : _____
NAME OF RESPONSIBLE BUSINESS PARTNER OFFICIAL TITLE COMPANY NAME

Subject : Business Partner Self-Certification

As the responsible official of _____, effective _____ and in
accordance with Business Partner Automation Program requirements and regulations, I am submitting the following report.

I am responsible for managing the BPA Program within my business entity. This responsibility includes following the requirements of my BPA contract, and for ensuring that those requirements are appropriately documented and communicated to employees, and for assuring that the program is functioning as prescribed. I acknowledge that in conjunction with _____,

NAME OF FIRST LINE SERVICE PROVIDER

my responsibilities relative to the BPA program include:

- Access Control
- System security and audit requirements
- Limited transactions to those authorized
- Providing qualified personnel
- Control and security of inventory

☐ I certify that my company is in compliance with all requirements of the BPA contract and the California Code of Regulations, Title 13, Division 1, Chapter 1, Article 3.6, Business Partner Automation Program.

☐ I certify that my company is in compliance with all requirements of the BPA contract and the California Code of Regulations, Title 13, Division 1, Chapter 1, Article 3.6, Business Partner Automation Program but for the following exception(s): *(Add additional pages as necessary)*

a. _____

b. _____

c. _____

I certify that corrective measures have or will be taken to bring my company to full compliance of the BPA Contract and the California Code of Regulations, Title 13, Division 1, Chapter 1, Article 3.6, Business Partner Automation Program. I have attached a description of those measures.

I make this certification in lieu of an annual audit, and acknowledge that the California Department of Motor Vehicles (CADMV) may require an audit of our BPA program performance at any time.

I certify under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

COMPANY NAME

RESPONSIBLE BUSINESS PARTNER OFFICIAL SIGNATURE

DATE

cc: First Line Business Partner Service Provider
Electronic Oversight Branch, CADMV

A Public Service Agency